

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 35

For Official Use Only

Statement covers period

from 01/01/2019

through 03/31/2019

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☒ Sponsored  
☒ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☒ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
810830

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Peace Officers Research Association of California PAC (PORAC PAC)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95834	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS  
(916) 442-1280 / info@olsonhagel.com

## Treasurer(s)

NAME OF TREASURER  
Timothy Davis

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95834	(916) 928-3777

NAME OF ASSISTANT TREASURER, IF ANY  
Brian Marvel

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95834	(916) 928-3777

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/25/2019 By Brian Marvel  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/25/2019 By Brian Marvel  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 3 of 35
I.D. NUMBER 810830		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peace Officers Research Association of California PAC (PORAC PAC)

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$503,241.66	\$503,241.66
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$503,241.66	\$503,241.66
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$503,241.66	\$503,241.66

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$273,508.67	\$273,508.67
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$273,508.67	\$273,508.67
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(\$279.39)	\$148.98
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$273,229.28	\$273,657.65

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$1,658,129.95	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$503,241.66	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$4,067.96	
15. Cash Payments .....	Column A, Line 8 above	\$273,508.67	
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$1,891,930.90	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$148.98

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 4 of 35
NAME OF FILER Peace Officers Research Association of California PAC (PORAC PAC)		I.D. Number 810830

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$0.00		

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$0.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$503,241.66
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$503,241.66

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 01/01/2019  
through 03/31/2019

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER  
810830

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

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# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2019 through 03/31/2019	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>35</u>
I.D. Number 810830	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 01/01/2019

through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER

810830

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/4/2019	Payee Name: Susan Rubio for Senate 2018 Candidate Name: Susan Rubio State Senator District 22 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Debt Retirement	\$4,500.00	\$4,500.00	2018G: \$5,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/4/2019	Payee Name: Re-Elect Senator Atkins 2020 Candidate Name: Toni Atkins State Senator District 39 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,000.00	\$4,000.00	2020P: \$9,300.00 2020G: \$5,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/4/2019	La Mesa Police Officers Association PAC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$7,300.00	\$7,300.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$214,100.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$214,100.00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
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SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER  
810830

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$75,000.00	\$140,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/16/2019	Payee Name: Graciela Ortiz for School Board 2019 Candidate Name: Graciela Ortiz Board Member District 5 Jurisdiction: Los Angeles Unified School District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,200.00	\$1,200.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/16/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$60,000.00	\$140,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Cottie Petrie-Norris for Assembly 2020 Candidate Name: Cottie Petrie-Norris State Assembly Person District 74 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
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SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

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NAME OF FILER

Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER  
810830

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2019	Payee Name: Heath Flora for Assembly 2020 Candidate Name: Heath Flora State Assembly Person District 12 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Tim Grayson for Assembly 2020 Candidate Name: Tim Grayson State Assembly Person District 14 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2020P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: James Ramos for Assembly 2018 Candidate Name: James Ramos State Assembly Person District 40 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure	Debt Retirement	\$1,300.00	\$1,300.00	2018G: \$5,900.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Waldron for Assembly 2020 Candidate Name: Marie Waldron State Assembly Person District 75 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

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NAME OF FILER

Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER  
810830

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2019	Payee Name: Blanca Rubio for Assembly 2020 Candidate Name: Blanca Rubio State Assembly Person District 48 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$4,000.00	2020P: \$4,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Jim Frazier for Assembly 2020 Candidate Name: Jim Frazier State Assembly Person District 11 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2020P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Anna Caballero for Senate 2022 Candidate Name: Anna Caballero State Senator District 12 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2022P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Jim Cooper for Assembly 2020 Candidate Name: Jim Cooper State Assembly Person District 9 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER  
810830

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2019	Payee Name: Connie Leyva for Senate 2022 Candidate Name: Connie Leyva State Senator District 20 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,400.00	\$1,400.00	2022P: \$1,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Jacqui Irwin for State Assembly 2020 Candidate Name: Jacqui Irwin State Assembly Person District 44 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Ricardo Lara for Insurance Commissioner 2022 Candidate Name: Ricardo Lara Insurance Commissioner Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2022P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Bob Archuleta for Senate 2022 Candidate Name: Bob Archuleta State Senator District 32 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2022P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

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**CALIFORNIA**  
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NAME OF FILER

Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER  
 810830

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2019	Payee Name: Chad Mayes for Assembly 2020 Candidate Name: Chad Mayes State Assembly Person District 42 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Bill Dodd for Senate 2020 Candidate Name: Bill Dodd State Senator District 3 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,400.00	\$1,500.00	2020P: \$9,300.00 2020G: \$2,100.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Jay Obernolte for Assembly 2020 Candidate Name: Jay Obernolte State Assembly Person District 33 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Re-Elect Fiona Ma for State Treasurer 2022 Candidate Name: Fiona Ma State Treasurer Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2022P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

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NAME OF FILER

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I.D. NUMBER  
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2/5/2019	Payee Name: Frank Bigelow for Assembly 2020 Candidate Name: Frank Bigelow State Assembly Person District 5 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Phillip Chen for Assembly 2020 Candidate Name: Phillip Chen State Assembly Person District 55 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Sharon Quirk-Silva for Assembly 2020 Candidate Name: Sharon Quirk-Silva State Assembly Person District 65 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	Payee Name: Blanca Rubio for Assembly 2020 Candidate Name: Blanca Rubio State Assembly Person District 48 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$4,000.00	2020P: \$4,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

**CALIFORNIA**  
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NAME OF FILER

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I.D. NUMBER  
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2/5/2019	Payee Name: Bill Dodd for Senate 2020 Candidate Name: Bill Dodd State Senator District 3 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$100.00	\$1,500.00	2020P: \$9,300.00 2020G: \$2,100.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure	Void Check	(\$60,000.00)	\$140,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/5/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$65,000.00	\$140,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/13/2019	Payee Name: Brian Dahle for Senate 2019 Candidate Name: Brian Dahle State Senator District 1 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$9,300.00	\$9,300.00	2019S: \$9,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

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**CALIFORNIA  
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2/6/2019	Payee Name: Shamann Walton for Supervisor 2018 Candidate Name: Shamann Walton County Supervisor District 10 Jurisdiction: City & County of San Francisco	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure	Void Check	(\$500.00)	(\$500.00)	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/6/2019	Payee Name: Rafael Mandelman for Supervisor 2018 General Candidate Name: Rafael Mandelman County Supervisor District 8 Jurisdiction: City & County of San Francisco	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure	Void Check	(\$500.00)	(\$500.00)	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/1/2019	Payee Name: Paul Graves for District Attorney 2018 Candidate Name: Paul Graves District Attorney Jurisdiction: Contra Costa County	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure	Void Check	(\$5,000.00)	(\$5,000.00)	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/15/2019	Payee Name: Glazer for Senate 2020 Candidate Name: Steve Glazer State Senator District 7 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

**CALIFORNIA**  
**FORM 460**

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2/15/2019	Payee Name: Robert Rivas for Assembly 2020 Candidate Name: Robert Rivas State Assembly Person District 30 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Andreas Borgeas for Senate 2022 Candidate Name: Andreas Borgeas State Senator District 08 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$3,000.00	\$3,000.00	2022P: \$3,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Rodriguez for Assembly 2020 Candidate Name: Freddie Rodriguez State Assembly Person District 52 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2020P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Melissa Hurtado for Senate 2022 Candidate Name: Melissa Hurtado State Senator District 14 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2022P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

**CALIFORNIA**  
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NAME OF FILER

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2/26/2019	Payee Name: Lackey for Assembly 2020 Candidate Name: Tom Lackey State Assembly Person District 36 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Evan Low for Assembly 2020 Candidate Name: Evan Low State Assembly Person District 28 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	2020P: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: O'Donnell for Assembly 2020 Candidate Name: Patrick O'Donnell State Assembly Person District 70 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Californians for Jobs and a Strong Economy	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$4,000.00	\$4,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>				\$214,100.00		

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2019 through 03/31/2019	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Susan Rubio for Senate 2018 Sacramento, CA 95815	CTB		Debt Retirement	\$4,500.00
Committee ID: 1392890 Re-Elect Senator Atkins 2020 Encinitas, CA 92024	CTB			\$4,000.00
Committee ID: 1393189 Governor's Inaugural Fund 2019 Sacramento, CA 95814			Donation to candidate inaugural committee	\$50,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$273,508.67
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$273,508.67

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		<b>CALIFORNIA FORM 460</b>  Page 20 of 35
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
La Mesa Police Officers Association PAC La Mesa, CA 91942	CTB			\$7,300.00
Committee ID: 1324117 Peace Officers Research Association of California (PORAC) Sacramento, CA 95834	POS			\$29.83
California Democratic Party Sacramento, CA 95811	CTB			\$75,000.00
Committee ID: 741666 Graciela Ortiz for School Board 2019 Long Beach, CA 90802	CTB			\$1,200.00
Committee ID: 1412509 California Democratic Party Sacramento, CA 95811	CTB			\$60,000.00
Committee ID: 741666				

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		<b>CALIFORNIA FORM 460</b>  Page 21 of 35
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NAME OF FILER  
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Randy Perry Sacramento, CA 95814		Travel Expenses	\$398.54
Olson, Hagel & Fishburn, LLP Sacramento, CA 95814	PRO		\$477.39
Cottie Petrie-Norris for Assembly 2020 Sacramento, CA 95814	CTB		\$1,500.00
Committee ID: 1414368 Heath Flora for Assembly 2020 Hilmar, CA 95324	CTB		\$1,500.00
Committee ID: 1414675 Tim Grayson for Assembly 2020 Sacramento, CA 95814	CTB		\$1,300.00
Committee ID: 1413991			

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James Ramos for Assembly 2018 Sacramento, CA 95814	CTB		Debt Retirement	\$1,300.00
Committee ID: 1401703				
Waldron for Assembly 2020 Sacramento, CA 95814	CTB			\$2,000.00
Committee ID: 1414619				
Blanca Rubio for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414082				
Jim Frazier for Assembly 2020 Sacramento, CA 95814	CTB			\$1,300.00
Committee ID: 1414416				
Anna Caballero for Senate 2022 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414451				

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 23 of 35
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SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jim Cooper for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414095				
Connie Leyva for Senate 2022 Sacramento, CA 95814	CTB			\$1,400.00
Committee ID: 1414139				
Jacqui Irwin for State Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414701				
Ricardo Lara for Insurance Commissioner 2022 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1415175				
Bob Archuleta for Senate 2022 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1414156				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		<b>CALIFORNIA FORM 460</b>  Page 24 of 35
I.D. NUMBER 810830		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chad Mayes for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414363	CTB			\$1,500.00
Bill Dodd for Senate 2020 Sacramento, CA 95841  Committee ID: 1392482	CTB			\$1,400.00
Jay Obernolte for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414881	CTB			\$1,500.00
Re-Elect Fiona Ma for State Treasurer 2022 Sacramento, CA 95814  Committee ID: 1414254	CTB			\$1,500.00
Frank Bigelow for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414525	CTB			\$1,500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Phillip Chen for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414280				
Sharon Quirk-Silva for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414412				
Blanca Rubio for Assembly 2020 Sacramento, CA 95814	CTB			\$2,500.00
Committee ID: 1414082				
Bill Dodd for Senate 2020 Sacramento, CA 95841	CTB			\$100.00
Committee ID: 1392482				
California Democratic Party Sacramento, CA 95811	CTB	Void Check		(\$60,000.00)
Committee ID: 741666				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
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NAME OF FILER Peace Officers Research Association of California PAC (PORAC PAC)		I.D. NUMBER 810830

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95811	CTB			\$65,000.00
Committee ID: 741666 Brian Dahle for Senate 2019 Hillmar, CA 95324	CTB			\$9,300.00
Committee ID: 1415244 Shamann Walton for Supervisor 2018 San Francisco, CA 94104	CTB	Void Check		(\$500.00)
Committee ID: 1395470 Rafael Mandelman for Supervisor 2018 General San Francisco, CA 94114	CTB	Void Check		(\$500.00)
Committee ID: 1395950 Paul Graves for District Attorney 2018 Martinez, CA 94553	CTB	Void Check		(\$5,000.00)
Committee ID: 1396632				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Peace Officers Research Association of California PAC (PORAC PAC)		I.D. NUMBER 810830

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Glazer for Senate 2020 Orinda, CA 94563	CTB			\$1,500.00
Committee ID: 1393610 Robert Rivas for Assembly 2020 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1414711 Andreas Borgeas for Senate 2022 Fresno, CA 93710	CTB			\$3,000.00
Committee ID: 1414823 Rodriguez for Assembly 2020 Sacramento, CA 95814	CTB			\$1,300.00
Committee ID: 1414249 Melissa Hurtado for Senate 2022 Sacramento, CA 95814	CTB			\$2,000.00
Committee ID: 1414453				

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lackey for Assembly 2020 Sacramento, CA 95814	CTB			\$2,000.00
Committee ID: 1414673 Evan Low for Assembly 2020 Sacramento, CA 95814	CTB			\$2,500.00
Committee ID: 1414197 O'Donnell for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1415498 Californians for Jobs and a Strong Economy Sacramento, CA 95841	CTB			\$4,000.00
Committee ID: 1275549 Olson, Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$1,301.27

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Franchise Tax Board Sacramento, CA 95823	OFC			\$1,100.00
United States Treasury Ogden, UT 84201	OFC			\$4,100.00
Olson, Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$1,205.74
Randy Perry Sacramento, CA 95814			Travel Expenses	\$398.54
Peace Officers Research Association of California (PORAC) Sacramento, CA 95834	OFC			\$251.10

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
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NAME OF FILER Peace Officers Research Association of California PAC (PORAC PAC)		I.D. NUMBER 810830

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Safeguard Business Services, Inc. Folsom, CA 95630	OFC			\$146.26

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$273,508.67

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 01/01/2019  
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER  
810830

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Randy Perry Sacramento, CA 95814	Travel Expenses	\$398.54	\$0.00	\$398.54	\$0.00
Safeguard Business Services, Inc. Folsom, CA 95630	OFC	\$0.00	\$148.98	\$0.00	\$148.98

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS** \$398.54 \$148.98 \$398.54 \$148.98

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS** \$148.98
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS** \$428.37
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** (\$279.39)  
May be a negative number.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2019
through 03/31/2019

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER
810830

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. The table contains 5 empty rows for data entry.

Attach additional information on appropriately labeled continuation sheets.

TOTAL\*

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.



# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 01/01/2019 through 03/31/2019	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER  
810830

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2019  
through 03/31/2019

SCHEDULE I  
**CALIFORNIA FORM 460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Peace Officers Research Association of California PAC (PORAC PAC)

I.D. NUMBER  
810830

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/31/2019	Five Star Bank Rocklin, CA 95677	Interest Earned	\$1,395.69
2/28/2019	Five Star Bank Rocklin, CA 95677	Interest Earned	\$1,297.94
3/31/2019	Five Star Bank Rocklin, CA 95677	Interest Earned	\$1,374.33

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$4,067.96

### Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$4,067.96

2. Unitemized increases to cash under \$100 this period..... \$0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$4,067.96

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:

Schedule A: Peace Officers Research Association of California, 4010 Truxel Road, Sacramento, CA 95834, is the intermediary for all contributions.